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He finds no good evidence for the detailed localization of the retinal elements. It is always a question of hemiopia, with one poorly observed case, where an eighth of the visual field was involved, as an exception.

The author's views on the localization of vision in the cortex are as follows: 1. The cuneus and the O_1 form the field for visual perception. Their lesion on one side causes hemiopia; on both, complete blindness. 2. The remaining occipital cortex is the seat of the visual pictures (*Erinnerungsbilder*). The limits here are very uncertain. 3. If on one side the cuneus, O_1 and the other part of the occipital region are thrown out of function while, on the other side, the occipital cortex, with the exception of the cuneus and O_1 , are thrown out, then there occurs, corresponding to the former lesion, hemiopia and, to the latter, psychical blindness.

The author points out that in the case of the complete cortical paralysis of an arm, for example, patients can often, with the eyes closed, imitate with the sound arm the position in which the paralyzed one is placed. Starting from this fact, the author reaches, as the conclusion of an argument, the view that the centre for what is designated as the muscle sense is in the parietal lobe, while the sensations from the skin are centered in the motor region, about the central convolutions.

The name "psychomotor" for the centres about the central convolutions, for example, is not satisfactory, because a patient with cortical paralysis is capable of the mental process of willing the movement of a part but cannot carry out the operation, hence the psychical progress cannot go on in the part which is destroyed and causes the paralysis. The motor centres of the authors are neither the places where the impulse originates, nor even the place where these impulses are co-ordinated, but merely spots at which they pass over to the coronal fibres. The parietal lobe is to be considered as bearing the same relation to these motor centres that the part of the occipital lobe about the cuneus and O_1 does to the visual centre itself. The author considers this view capable of extension.

I mielociti e il pensiero. C. GOLGI. Arch. di Psichiatria, VIII, S. 206.

Pouchet has recently advanced the view that the psychical operations did not take place in the nerve cells proper, but in the small cells, 5-6 μ . in diameter, described by Robin under the name of myelocysts. Against this view Golgi argues that the cells in question have not been proved to be nervous. Pouchet further surmises that each neuro-epithelial element, as in the retina, for instance, is in connection with one of these myelocysts, and then proceeds to calculate that the perception of a moderate-sized object, e. g. a letter "X," would at most bring into activity a quantity of gray substance equal to 660 cubic millimeters. Golgi points out that independent cells and groups of cells do not exist in the central nervous system, and that we have no data for placing a limit to the spread of a stimulus.

Physiologische und mikrochemische Beitræge zur Kenntniss der Nervenzellen in den peripherischen Ganglien. ANNA KOTLAREWSKY. Inaugural Dissertation, Bern, 1887.

Following Ehrlich's method, the author has stained the ganglia in the living animal. The small cells stained more intensely than the large, and the reaction appeared to be neutral or slightly alkaline.

The study of hardened specimens showed that the character of the cells could be inferred from the form, and that the chromophile cells always had a greater affinity for the metal solutions than the chromophobe. Staining led to the conclusion that lack of chromatin matter in the nucleus was accompanied by staining of the protoplasm by various reagents.

Sur la morphologie comparée du cerveau des Insectes et des Crustacés.
H. VILLAUES. Compt. rend. CIV, 7, p. 444.

In insects and decapods the brain consists of three parts, homologous with three ganglia of the ventral chain. The anterior innervates the eyes; the middle, the small antennae in crabs, the antennae in insects; and the posterior, the large antennae in crabs, the upper lip in insects. Only the halves of the first two are directly united by commissures. The posterior halves are united by the oesophageal commissures. Each of the ganglia is supposed to represent a somite.

II.—HYPNOTISM.

Les démoniaques dans l'art. J. M. CHARCOT (de l'Institut) et PAUL RICHER. Paris, 1887, 116 pp.

This work, richly illustrated with 67 plates, some of which are elegantly produced, is an attempt to trace among the more important works in the history of pictorial art, those which depict hysteria and convulsive diseases generally. The first is a full-page reproduction of a mosaic of Ravenna of the fifth century, representing Jesus healing a demoniac. Miniatures, mural frescoes, bas-reliefs, tapestries, engravings reproduced in various ways and representing exorcisms, energumens, miracles of healing in the New Testament, conversions and cures at the tomb of the Archbishop of Paris, the ceremonies known as *les grand secours* or more or less ceremonious compressions and flagellations, ecstasies, etc., follow, coming down to the middle of the last century. In the fifth and sixth centuries, it is said, such cases had a sacred character. Later, in depicting scenes from the life of the saints, the artists are dominated by a religious spirit. At the time of the Renaissance they followed the development of luxury in the churches; then with the Italian masters, and with Rubens, they have a most sumptuous aspect. The Spanish artists represent everything in the face and in gesture. The school of Breughel reproduces the details of the popular dance of St. Guy. These symptoms are given an anecdotic character first in the time of the convulsionaries of St. Médard. A clinical criticism of the work of the various artists, which is also attempted, represents André del Sarti and Rubens as very faithful to nature, and Raphael as full of untruths and contradictions. The work thus affords a new basis of art criticism, and proves that this group of symptoms is very old. The last few pages are given up to illustrations of the convulsionaries of to-day, exhibiting contortions, "clownisms," opisthotonus, etc., as seen in modern clinics, as bases of comparison with the above representations of demoniacal possession.